



**HUU-AY-AHT TRIBUNAL NOTICE OF APPLICATION
APPEAL OF ADMINISTRATIVE DECISION**
TRIBUNAL ACT (s.17(a)&(b), 20, 26).

FORM A2

APPLICATION # _____
(for registry use only)

NOTES: For appeals of tickets or compliance notices please use Form A1, unless your appeal is based on a challenge to the validity of a law.

If there is not sufficient space on this form for any of the information required, you may attach a schedule and reference it in the space provided.

Where a fee is payable, it must accompany this form. It is the responsibility of the person filing to pay any prescribed fee. Information about any Tribunal fees payable is available on the HUU-AY-AHT website: www.huuayaht.org

The Applicant is responsible for ensuring that the Application is brought within the time limit set out in the applicable legislation. Administrative decisions must be appealed within 60 days, unless otherwise specified.

DECISION APPEALED	Describe the decision you are appealing.
<p>DECISION: Calls and emails to be forwarded to Cynthia Rayner AED based on abusive and harassing language. Remaining supportive of me based on how visits go with grandson along with further supports from CFW <u>OCT 14 2022</u> DATE OF DECISION</p>	
RESPONDENT	Who made the decision you are appealing?
<u>Cynthia Rayner</u> NAME	<u>Acting Executive Director</u> POSITION
RELIEF SOUGHT	What outcome are you requesting?
<ul style="list-style-type: none"> - CFW support as set forth in 30 recommendations of HFN social services project. - Cynthia not to deny my access or get involved. - Review of my file, Tekoa's care, Jason Jacks supports - Review of all files in CFW in support of all citizens 	
GROUND(S) FOR APPEAL	Briefly set out the reason(s) why the decision should be changed as requested above. If this is a challenge to the validity of a HUU-AY-AHT law, see Tribunal Act, s. 26
<ul style="list-style-type: none"> - I have not been consulted by CFW or Cynthia Rayner. - 30 recommendations are not being utilized. - I have emails and recorded conversations of promises from CFW that prove I have never been abusive or harassing, but that I have been lied to. - CFW is not following HFN practices they seem to have made their own. 	

**THIS FORM HAS TWO SIDES
YOU MUST COMPLETE BOTH**



**HUU-AY-AHT TRIBUNAL NOTICE OF APPLICATION
 APPEAL OF ADMINISTRATIVE DECISION
 TRIBUNAL ACT (s.17(a)&(b), 20, 26).**

FORM A2

APPLICANT

Thomas LAST NAME Jennifer Sarah Louise GIVEN NAME(S)

2571 8th Ave MAILING ADDRESS Port Alberni CITY/TOWN V9Y 2L5 POSTAL CODE

250 913 0703 PHONE Thomasjenn567@gmail.com FAX EMAIL ADDRESS

APPLICANT'S AGENT To be completed only if an agent will be acting on behalf of the Applicant.

LAST NAME GIVEN NAME(S)

MAILING ADDRESS CITY/TOWN POSTAL CODE

PHONE FAX EMAIL ADDRESS

ADDRESS FOR DELIVERY This will be used to deliver any notices in relation to the Application.
 Note: the Tribunal's preferred means of communication is through email.

CHECK ONE: Applicant's Email Applicant's Fax Applicant's Mailing Address
 Agent's Email Agent's Fax Agent's Mailing Address Use Email or Fax or Address provided in space below:

SIGNATURE This notice of application must be signed by the Applicant or Applicant's agent.

Jennifer Thomas FIRST AND LAST NAMES OF APPLICANT OR AGENT

Oct 24 2022 DATE J Thomas SIGNATURE

For Registry Use Only Date Received: _____

THIS FORM HAS TWO SIDES
 YOU MUST COMPLETE BOTH